

# Instructions for **INCOME AND EXPENSE DECLARATION**

This packet is designed to help you complete an Income and Expense Declaration [FL-150] and it includes a blank Income and Expense Declaration.

An Income and Expense Declaration must be submitted with copies of the two most recent months' pay stubs. If you are self-employed, you must attach the last two years' income tax returns—including Schedule C (profits and loss statements). Be sure to blacken out any social security numbers that may appear on your pay stubs or income tax returns. You should take your tax returns to court just in case the court demands them. This may save you an additional court date by avoiding the necessity to continue the hearing to a different date.

There is no fee for filing the Income and Expense Declaration.

Once the Income and Expense Declaration is completed, make copies for each of the parties, i.e., one for you, one for the other party, and one for DCSS. The original is filed with the court; a copy must be served on each party by having someone, other than you and over the age of 18, mail or personally serving the other party with a copy. A Proof of Service must be completed by the person who serves the Income and Expense Declaration on the other party and that Proof of Service must be filed with the court.

If you need further assistance, please contact the San Diego Superior Court Self-Help Center or visit their website at [www.sdcourt.ca.gov](http://www.sdcourt.ca.gov) and click on the Self-Help Center link.

**Instructions**

**With**

**Sample Forms**

FL-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div> TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<div style="border: 2px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;">           To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.         </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: <div style="text-align: center; font-size: 24px; font-weight: bold;">2</div> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <div style="text-align: center; font-size: 24px; font-weight: bold;">3</div> OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

a. Employer:  
 b. Employer's address:  

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 c. Employer's phone number:  
 d. Occupation:  
 e. Date job started:  
 f. If unemployed, date job ended:  
 g. I work about \_\_\_\_\_ hours per week.  
 h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

## How to fill out

# INCOME AND EXPENSE DECLARATION (FL-150)

- page one -

### DIRECTIONS:

- ❖ Find the number on the sample form. *Example:* 1
- ❖ Go to the same number below to find out how to fill out the form.
- ❖ Type or print in black ink.
- ❖ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 1 Print your name, address, and phone number.
- 2 If not filled in for you, write "San Diego" after COUNTY OF. The address is: 220 W. Broadway, San Diego, CA 92101. The Branch Name is: Central Division.
- 3 Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against another person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- 4 Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
  - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
  - Fill in the date you started this job (e). If you are unemployed, write the date your job ended (f), how many hours you work(ed) every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
  - Be sure to include **copies of your pay stubs** for the last two months. Use a **dark marker** to cross out your Social Security number.
- 5 Fill in your age (a) and check the "Yes" box if you finished high school (b). If you check No, fill in the last grade you finished. Fill out (c) or (d) if you have taken college classes. Fill out (e) if this applies to you.
- 6 Check box (a) and fill in the year of your last tax return. For (b), check the box that applies to you. For (c), check California OR check "Other" if you last filed taxes in another state, and write the state's name. For (d), write the number of "exemptions" you claim when filing your taxes.
- 7 Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8 Fill in the date, type or print your name on the left, and sign on the right.

# INCOME AND EXPENSE DECLARATION (FL-150)

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## DIRECTIONS:

- ❖ Find the number on the sample form. *Example:* 9
- ❖ Go to the same number below to find out how to fill out the form.
- ❖ Type or print in black ink.
- ❖ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: <b>9</b> OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____ FL-150
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

**10** 5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) .....	\$ _____	\$ _____
b. Overtime (gross, before taxes) .....	\$ _____	\$ _____
c. Commissions or bonuses .....	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	\$ _____
g. Pension/retirement fund payments .....	\$ _____	\$ _____
h. Social security retirement (not SSI) .....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	\$ _____
j. Unemployment compensation .....	\$ _____	\$ _____
k. Workers' compensation .....	\$ _____	\$ _____
l. Other (military BAQ, royalty payments, etc.) (specify): .....	\$ _____	\$ _____

**11** 6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest .....	\$ _____
b. Rental property income .....	\$ _____
c. Trust income .....	\$ _____
d. Other (specify): .....	\$ _____

**12** 7. Income from self-employment, after business expenses for all businesses. .... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

**13** 8.  Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  Change in income. My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**14** 10. Deductions

	Last month
a. Required union dues .....	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ _____
d. Child support that I pay for children from other relationships .....	\$ _____
e. Spousal support that I pay by court order from a different marriage .....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership .....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ _____

**15** 11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ _____
b. Stocks, bonds, and other assets I could easily sell .....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$ _____

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- 9** Print out first and last names for you and the other person(s) in this case.  
*Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.*
- 10** Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- 11** If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- 12** Fill out this section only if you are self-employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.
- 13** Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."  
  
Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- 14** Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (f), you must write an explanation on a separate page labeled "Question 10f."
- 15** List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.



# INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

### DIRECTIONS:

- ❖ Find a number on the sample form. *Example:* 22
- ❖ Go to the same number below to find out how to fill out the form
- ❖ Type or print in black ink
- ❖ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FL-150 CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
(NOTE: Fill out this page only if your case involves child support.)

**23** 16. **Number of children**

a. I have (specify number): \_\_\_\_\_ children under the age of 18 with the other parent in this case.

b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

**24** 17. **Children's health-care expenses**

a.  I do  I do not have health insurance available to me for the children through my job.

b. Name of insurance company: \_\_\_\_\_

c. Address of insurance company: \_\_\_\_\_

d. The monthly cost for the children's health insurance is or would be (specify): \$ \_\_\_\_\_  
(Do not include the amount your employer pays.)

**25** 18. **Additional expenses for the children in this case**

	Amount per month	
a. Child care so I can work or get job training	\$ _____	
b. Children's health care not covered by insurance	\$ _____	
c. Travel expenses for visitation	\$ _____	
d. Children's educational or other special needs (specify below):	\$ _____	

**26** 19. **Special hardships.** I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children: \$ _____		

The expenses listed in a, b, and c create an extreme financial hardship because (explain): \_\_\_\_\_

**27** 20. Other information I want the court to know concerning support in my case (specify): \_\_\_\_\_

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For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form

Print This Form

Clear This Form

- 22** Print out first and last names for you and the other person(s) in this case.
- 23** Fill in the number of children you have with the other parent that are **under age 18**.
  - Estimate the amount of time the children are with you and with the other parent. Example: "The children spend 30 percent of their time with me and 70 percent of their time with the other parent."
  - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- 24** Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.
- 25** Fill in monthly amounts that apply to your case. Describe educational or special needs.
- 26** List any "special hardships" (things that make daily living hard).
  - For a. through c., fill in monthly amounts that apply.
  - In the second column, fill in the number of months the situation has lasted
  - If you have children under age 18 from other relationships, list their names and ages in the space provided.
  - If you get child support for these children, fill in that amount.
  - If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.
- 27** In the space provided you may write other information you want the court to know about your case.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- c. Number of years of college completed (specify):  Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- e. I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

3. **Tax information**

- a.  I last filed taxes for tax year (specify year):
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name):
- c. I file state tax returns in  California  other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)



\_\_\_\_\_ (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) . . . . .	\$ _____	_____
b. Overtime (gross, before taxes) . . . . .	\$ _____	_____
c. Commissions or bonuses. . . . .	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .	\$ _____	_____
g. Pension/retirement fund payments. . . . .	\$ _____	_____
h. Social security retirement (not SSI) . . . . .	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . .	\$ _____	_____
j. Unemployment compensation . . . . .	\$ _____	_____
k. Workers' compensation . . . . .	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest. . . . .	\$ _____	_____
b. Rental property income . . . . .	\$ _____	_____
c. Trust income. . . . .	\$ _____	_____
d. Other (specify): . . . . .	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month

a. Required union dues . . . . .	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA). . . . .	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). . . . .	\$ _____	_____
d. Child support that I pay for children from other relationships. . . . .	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage. . . . .	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership . . . . .	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . .	\$ _____	_____

11. **Assets** . . . . . Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell . . . . .	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . .	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**       Estimated expenses       Actual expenses       Proposed needs

- |  |  |
|--|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes . . . . . \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) . . . . . \$ _____</p> <p>(4) Maintenance and repair . . . . . \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care . . . . . \$ _____</p> <p>d. Groceries and household supplies. . . . . \$ _____</p> <p>e. Eating out. . . . . \$ _____</p> <p>f. Utilities (gas, electric, water, trash) . . . . . \$ _____</p> <p>g. Telephone, cell phone, and e-mail . . . . . \$ _____</p> | <p>h. Laundry and cleaning . . . . . \$ _____</p> <p>i. Clothes . . . . . \$ _____</p> <p>j. Education . . . . . \$ _____</p> <p>k. Entertainment, gifts, and vacation. . . . . \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) . . . \$ _____</p> <p>n. Savings and investments. . . . . \$ _____</p> <p>o. Charitable contributions. . . . . \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): . . . . . \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|--|--|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \$ \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

	Amount per month
a. Child care so I can work or get job training. . . . .	\$ _____
b. Children's health care not covered by insurance . . . . .	\$ _____
c. Travel expenses for visitation . . . . .	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> : . . . . .	\$ _____

**19. Special hardships.** I ask the court to consider the following special financial circumstances

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b. . . . .	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . .	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . .	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> : _____		

(3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*: \_\_\_\_\_

**20. Other information I want the court to know concerning support in my case *(specify)*:**